

Coronary Arterial Bypass Graft

Episode Definition

Episode Trigger

A Coronary Arterial Bypass Graft (CABG) episode is triggered by a paid claim for a coronary arterial bypass graft (CABG) diagnosis.

Episode Duration

The episode duration is the timeframe from the date of surgery through 30 days after discharge from the facility stay during which the procedure occurred.

Episode Services

The episode will include the following services rendered within the duration of the episode:

- During procedure: All services (i.e., inpatient and outpatient facility services, professional services, medication, treatment for complications).
- Within 30 days post discharge of the procedure: All related services including inpatient and outpatient facility services, professional services, medications, treatment for complications related to conditions affecting the coronary arterial system, and readmissions or repeat visits to the Emergency Department.

Principal Accountable Provider

The Principal Accountable Provider (PAP) for a Coronary Arterial Bypass Graft (CABG) episode is the physician performing the CABG procedure.

Episode Exclusions

In addition to the *Global Exclusions* for all episodes, Episodes meeting any of the following criteria will be excluded:

- Beneficiaries undergoing a salvage CABG (from failed or aborted PCI).
- Beneficiaries under the age of 18 on the trigger date.
- Beneficiaries with CABG surgeries that include two or more valve procedures.
- Beneficiaries with procedure triggers that do not have a corresponding facility claim.

Episode Adjustments

For the purposes of determining a PAP's performance, the total reimbursement attributable to the PAP for a Coronary Arterial Bypass Graft (CABG) episode is adjusted based on:

- Patients presenting with a Non-ST-elevation myocardial infarction (NSTEMI) prior to the CABG procedure.
- Patients who are female and greater than age 54 on the date of the procedure.

Quality and Utilization Measures

The following quality measures, based on paid Medicaid claims, are tracked for informational reporting purposes:

- Percent of episodes with a stroke within 30 days post-procedure.
- Percent of episodes with a deep sternal wound infection within 30 days post-procedure.
- Percent of episodes with renal failure within 30 days post-procedure.
- Percent of episodes during which at least one adverse outcome occurs (i.e., stroke, deep sternal wound infection, or renal failure).
- Percent of episodes where an internal mammary artery is used.
- Percent of episodes where patients are admitted on the day of the surgery.
- Percent of episodes with an outpatient physician follow-up visit within 14 days post-discharge.
- Percent of episodes with an outpatient physician follow-up visit within 30 days post-discharge.
- Percent of episodes with an all cause readmission within 3 days post-discharge.
- Percent of episodes with a relevant readmission within 30 days post-discharge.
- Average length of pre-operative inpatient stay.
- Average length of stay for inpatient admissions